

GENERAL TESTIMONYPetitioner: Name (first, middle, last)
Social Security NumberIV-D Case: ☐ TANF
☐ IV-E Foster Care
☐ Medicaid Only
☐ Former Assistance
☐ Never Assistance
Non-IV-D Case: ☐Respondent: Name (first, middle, last)
Social Security Number

File Stamp

Responding IV-D Case Identifier _____

Responding Tribunal Number _____

Initiating IV-D Case Identifier _____

Initiating Tribunal Number _____

Petitioner is: ☐ Obligee ☐ Caretaker Other than Parent
☐ Obligor ☐ Foster CareRespondent is: ☐ Obligee ☐ Caretaker Other than Parent
☐ Obligor ☐ Foster Care

_____ being duly sworn, under penalties of perjury, testifies as follows:

Name (first, middle, last)

I. Personal Information About Child(ren)'s Mother☐ See Section X

A.1. Mother is: <input type="checkbox"/> Obligee <input type="checkbox"/> Obligor		2. <input type="checkbox"/> Nondisclosure Finding Attached	
3. Full Name (first, middle, last) Nickname, alias, maiden name, former married name, etc.			
4. Home Address <input type="checkbox"/> Confirmed _____ (date)		5. Social Security Number	6. Date of Birth
		7. Home Phone ()	8. Work Phone ()
9. Employer Name & Address <input type="checkbox"/> Confirmed _____ (date)		10 (a). Occupation, Trade or Profession	
		10 (b). Highest Level of Education Attained	
11. Estimated Gross Monthly Earnings \$		12. Other Monthly Income (& source) \$	
13. Real or Personal Property (type and location)			

B. Physical Description of Child(ren)'s Mother (Attach photo if available.)

1. Race	2. Height	3. Weight	4. Hair Color	5. Eye Color
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C. Present Marital Status of Child(ren)'s Mother

1. <input type="checkbox"/> Married	2. <input type="checkbox"/> Single	3. <input type="checkbox"/> Living with Non-Marital Partner
4. <input type="checkbox"/> Divorced	5. <input type="checkbox"/> Legally Separated	6. <input type="checkbox"/> Separated 7. <input type="checkbox"/> Unknown

GENERAL TESTIMONY, PAGE 2

Initiating IV-D Case Identifier

D. Information about Current Spouse or Partner of Child(ren)'s Mother

1. Name of Current Spouse or Partner (first, middle, last)	2. Is Current Spouse/Partner Employed? [] Yes [] No [] Unknown
3. Name and Address of Spouse's/Partner's Employer	4. Spouse's/Partner's Estimated Gross Monthly Earnings \$

E. Is the child(ren)'s mother responsible for dependents other than those listed in Section V (pages 4 & 5)?

[] Yes [] No [] Unknown (If yes, provide information below.)

1. a. Full Name (first, middle, last)	b. Date of Birth
c. Relationship	d. Living With:
e. Source of Support/Income	f. Monthly Amount; Gross: Net:

2. a. Full Name (first, middle, last)	b. Date of Birth
c. Relationship	d. Living With:
e. Source of Support/Income	f. Monthly Amount; Gross: Net:

3. a. Full Name (first, middle, last)	b. Date of Birth
c. Relationship	d. Living With:
e. Source of Support/Income	f. Monthly Amount; Gross: Net:

II. Personal Information About Child(ren)'s Father

[] See Section X

A.1. Father is: [] Obligatee [] Obligor	2. [] Nondisclosure Finding Attached	
3. Full Name (first, middle, last) Nickname, Alias		
4. Home Address [] Confirmed _____ (date)	5. Social Security Number	6. Date of Birth
	7. Home Phone ()	8. Work Phone ()
9. Employer Name & Address [] Confirmed _____ (date)	10 (a). Occupation, Trade or Profession	
	10 (b). Highest Level of Education Attained	
11. Estimated Gross Monthly Earnings \$	12. Other Monthly Income (& source) \$	
13. Real or Personal Property (type and location)		

B. Physical Description of Child(ren)'s Father (Attach photo if available.)

1. Race	2. Height	3. Weight	4. Hair Color	5. Eye Color
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C. Present Marital Status of Child(ren)'s Father

- | | | |
|--------------------------------------|---|---|
| 1. <input type="checkbox"/> Married | 2. <input type="checkbox"/> Single | 3. <input type="checkbox"/> Living with Non-Marital Partner |
| 4. <input type="checkbox"/> Divorced | 5. <input type="checkbox"/> Legally Separated | 6. <input type="checkbox"/> Separated |
| 7. <input type="checkbox"/> Unknown | | |

D. Information about Current Spouse or Partner of Child(ren)'s Father

1. Name of Current Spouse or Partner (first, middle, last)	2. Is Current Spouse/Partner Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
3. Name and Address of Spouse's/Partner's Employer	4. Spouse's/Partner's Estimated Gross Monthly Earnings \$

E. Is the child(ren)'s father responsible for dependents other than those listed in Section V (pages 4 & 5)?

☐ Yes ☐ No ☐ Unknown (If yes, provide information below)

1. a. Full Name (first, middle, last)	b. Date of Birth
c. Relationship	d. Living With:
e. Source of Support/Income	f. Monthly Amount; Gross: Net:

2. a. Full Name (first, middle, last)	b. Date of Birth
c. Relationship	d. Living With:
e. Source of Support/Income	f. Monthly Amount; Gross: Net:

3. a. Full Name (first, middle, last)	b. Date of Birth
c. Relationship	d. Living With:
e. Source of Support/Income	f. Monthly Amount; Gross: Net:

III. Personal Information About Caretaker Other than Parent

☐ See Section X

1. Caretaker's Relation to Child is: <input type="checkbox"/> Has legal custody/guardianship of child	2. <input type="checkbox"/> Nondisclosure Finding Attached		
3. Full Name (first, middle, last) Nickname, alias, maiden name, former married name, etc.			
4. Home Address <input type="checkbox"/> Confirmed _____ (date)	5. Social Security Number	6. Date of Birth	7. Sex
	8. Home Phone ()	9. Work Phone ()	
10. Employer Name & Address <input type="checkbox"/> Confirmed _____ (date)	11 (a). Occupation, Trade or Profession		
	11 (b). Highest Level of Education Attained		
12. Estimated Gross Monthly Earnings \$	13. Other Monthly Income (& source) \$		
14. Date Child(ren) Began Residing With Caretaker			

IV. Legal Relationship of Parents

1. ☐ Never married to each other
2. ☐ Married on _____ Date _____ in _____ County/State
3. ☐ Married by common law for the period _____ Dates _____ in _____ County/State
4. ☐ Separated on _____ Date _____ 5. ☐ Divorced on _____ Date _____ in _____ County/State
6. ☐ Legally separated on _____ Date _____ in _____ County/State
7. ☐ Divorce pending in _____ County/State 8. ☐ Support Order Entered on _____ Date _____
9. ☐ No support order 10. ☐ Other _____
11. Tribunal & Location (Divorce Legal Separation, Support Order): _____

V. Dependent Child(ren) in this Action☐ See Section X

A. List obligor's (named on page 1 of this form) child(ren) only.

☐ Nondisclosure Finding Attached

1. a. Full Legal Name (first, middle, last)		f. Paternity Established? <input type="checkbox"/> Yes (check how) <input type="checkbox"/> No <input type="checkbox"/> By order <input type="checkbox"/> By voluntary acknowledgment <input type="checkbox"/> By adoption <input type="checkbox"/> By conclusive marital presumption <input type="checkbox"/> Other:
b. Address		
c. Social Security Number		g. Support Order Established? <input type="checkbox"/> Yes <input type="checkbox"/> No
d. Sex	e. Date of Birth	h. Living with Petitioner? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. a. Full Legal Name (first, middle, last)		f. Paternity Established? <input type="checkbox"/> Yes (check how) <input type="checkbox"/> No <input type="checkbox"/> By order <input type="checkbox"/> By voluntary acknowledgment <input type="checkbox"/> By adoption <input type="checkbox"/> By conclusive marital presumption <input type="checkbox"/> Other:
b. Address		
c. Social Security Number		g. Support Order Established? <input type="checkbox"/> Yes <input type="checkbox"/> No
d. Sex	e. Date of Birth	h. Living with Petitioner? <input type="checkbox"/> Yes <input type="checkbox"/> No

3. a. Full Legal Name (first, middle, last)		f. Paternity Established? <input type="checkbox"/> Yes (check how) <input type="checkbox"/> No <input type="checkbox"/> By order <input type="checkbox"/> By voluntary acknowledgment <input type="checkbox"/> By adoption <input type="checkbox"/> By conclusive marital presumption <input type="checkbox"/> Other:
b. Address		
c. Social Security Number		g. Support Order Established? <input type="checkbox"/> Yes <input type="checkbox"/> No
d. Sex	e. Date of Birth	h. Living with Petitioner? <input type="checkbox"/> Yes <input type="checkbox"/> No

4. a. Full Legal Name (first, middle, last)		f. Paternity Established? <input type="checkbox"/> Yes (check how) <input type="checkbox"/> No <input type="checkbox"/> By order <input type="checkbox"/> By voluntary acknowledgment <input type="checkbox"/> By adoption <input type="checkbox"/> By conclusive marital presumption <input type="checkbox"/> Other:
b. Address		
c. Social Security Number		g. Support Order Established? <input type="checkbox"/> Yes <input type="checkbox"/> No
d. Sex	e. Date of Birth	h. Living with Petitioner? <input type="checkbox"/> Yes <input type="checkbox"/> No

B. The child(ren) began residing in _____ on _____.

State Month/Year

VI. Medical Insurance
☐ See Section X

- Is obligor required by a child support order to provide medical insurance for the child(ren)? ☐ Yes ☐ No
- Is obligor required by a child support order to provide medical insurance for the obligee? ☐ Yes ☐ No
- Medical coverage for dependent child(ren) listed in Section V and/or the obligee is provided by:

	For dependent child(ren)	For obligee	
Obligee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Obligee's Insurance Company:
Obligor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Policy Number:
State Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	
			Obligor's Insurance Company:
Obligee's Employer	<input type="checkbox"/>	<input type="checkbox"/>	
Obligor's Employer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Policy Number:
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	
			Other Insurance Company:
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	
			Policy Number:
No Coverage	<input type="checkbox"/>	<input type="checkbox"/>	

4. The monthly cost paid by the obligee for medical insurance for the obligor's child(ren) only is: \$ _____
 (If medical insurance is provided by the obligee or obligee's employer, skip to number 6).

5. Obligor can purchase needed medical insurance at a monthly cost of: \$ _____

6. Were the children ever covered by medical insurance provided by the obligor/obligee or his/her current employer?
☐ Yes ☐ No ☐ Unknown

7. Do any of the obligor's children have special needs or extraordinary medical expenses not covered by insurance?
☐ Yes ☐ No

(If "Yes", please indicate the child involved and the type of special needs/extraordinary medical expenses and the related cost. Attach proof.)

8. Is the obligee asking to be reimbursed for medical coverage by obligor? ☐ Yes ☐ No ☐ Unknown

VII. Support Order and Payment Information

[] See Section X

1. Does a support order exist? (If "No", skip to page 7.) [] Yes [] No
2. Did child(ren) reside with obligor at any time during the period for which support is sought, except during periods of visitation specified by a tribunal's order? [] Yes [] No If "Yes", Identify Period of Residency
From: Thru:
3. If a modification is being requested, indicate the basis for the request below:
 [] The earnings of the obligor have substantially increased or decreased.
 [] The earnings of the obligee have substantially increased or decreased.
 [] The needs of a party or of the child(ren) have substantially increased or decreased.
 [] Other; explain: _____
4. Describe all current support orders (include all pertinent orders and modifications). NOTE: If more than three Orders exist, attach complete description as below for each.

Date of Order	Current Amount \$	Per Month/Week/etc.	Toward Arrears \$	Per Month/Week/etc.
Unpaid Interest \$	as of	(date)	Total Arrears \$	as of
(date)				
Tribunal's Name & Address				

Date of Order	Current Amount \$	Per Month/Week/etc.	Toward Arrears \$	Per Month/Week/etc.
Unpaid Interest \$	as of	(date)	Total Arrears \$	as of
(date)				
Tribunal's Name & Address				

Date of Order	Current Amount \$	Per Month/Week/etc.	Toward Arrears \$	Per Month/Week/etc.
Unpaid Interest \$	as of	(date)	Total Arrears \$	as of
(date)				
Tribunal's Name & Address				

5. Unpaid Medical Cost Reimbursement (attach documentation) \$ _____ as of _____ Date
6. Other Unpaid Costs and Fees \$ _____ as of _____ Date

Explain: _____

7. Direct Payments to Obligor: [] Affidavit from Obligor Attached [] No Direct Payments Received

8. Obligor's Support Payment History:
 [] Certified copy of tribunal/agency payment [] Payment history provided on page 6a. [] N.A.; responding State does not require history is attached. (Skip to page 7)

From (Year) To (Year):	Agency That Prepared Audit/Payment History:
------------------------	---

Obligor's Payment History

Adjudicated Arrears

\$ _____ as of _____

Date of Order

Year: _____

	Amount Due	Amount Paid	Balance
Jan			
Feb			
Mar			
Apr			
May			
Jun			
Jul			
Aug			
Sep			
Oct			
Nov			
Dec			
Total			

Year: _____

	Amount Due	Amount Paid	Balance

Year: _____

	Amount Due	Amount Paid	Balance
Jan			
Feb			
Mar			
Apr			
May			
Jun			
Jul			
Aug			
Sep			
Oct			
Nov			
Dec			
Total			

Year: _____

	Amount Due	Amount Paid	Balance

Total of Adjudicated and Accrued Arrears \$ _____ as of _____

Date

Name/Title, Agency or Tribunal

Signature

Sworn to and Signed before me
this Date, County, State

Notary Public Official and Title

Commission Expires

VIII. TANF/Foster Care/Medical Assistance Status

[] See Section X

[If no TANF/Foster Care/Medical Assistance benefits were paid, skip to Section IX]

1. Period during which TANF/Foster Care was paid:

From: _____ / _____ To: _____ / _____ by: _____
First month year Last month year State

2. Total amount of TANF/Foster Care paid: \$ _____ as of _____
-
- Date

3. Medical assistance related to prenatal, postnatal, or general expenses was paid in the amount of \$ _____
-
- by: _____
-
- Agency or Person

IX. Financial Information

[] See Section X

Information required varies based on responding State's guidelines. Updates may be required.

A. Monthly Income from All Sources:

1. Is the petitioner employed? [] Yes; occupation: _____ [] No; income source _____

2. Gross Monthly Income Amounts:

	<u>Petitioner</u>	<u>Current Spouse/Partner</u>	<u>Obligor's Dependent(s)</u>
a) Public Assistance			
i. SSI	\$ _____	\$ _____	\$ _____
ii. Family Assistance	\$ _____	\$ _____	\$ _____
iii. Other	\$ _____	\$ _____	\$ _____
b) Base pay salary, wages	\$ _____	\$ _____	\$ _____
c) Overtime, commission, tips, bonuses, part time	\$ _____	\$ _____	\$ _____
d) Unemployment compensation	\$ _____	\$ _____	\$ _____
e) Worker's compensation	\$ _____	\$ _____	\$ _____
f) Social Security Disability	\$ _____	\$ _____	\$ _____
g) Social Security Retirement	\$ _____	\$ _____	\$ _____
h) Dividends and interest	\$ _____	\$ _____	\$ _____
i) Trust/Annuity Income	\$ _____	\$ _____	\$ _____
j) Pensions, retirement	\$ _____	\$ _____	\$ _____
k) Child support	\$ _____	\$ _____	\$ _____
l) Spousal support/alimony	\$ _____	\$ _____	\$ _____
m) All other sources	\$ _____	\$ _____	\$ _____

Explain "other sources": _____

3. Total Gross Monthly (lines "2a" through "2m") \$ _____ \$ _____ \$ _____

4. Deductions From Gross

a) Federal Income Tax	\$ _____	\$ _____	\$ _____
b) State Income Tax	\$ _____	\$ _____	\$ _____
c) Local Tax	\$ _____	\$ _____	\$ _____
d) F.I.C.A.	\$ _____	\$ _____	\$ _____

	<u>Petitioner</u>	<u>Current Spouse/Partner</u>	<u>Obligor's Dependent(s)</u>
5. Adjusted Net Monthly (line "3" minus lines "4a through 4d")	\$ _____	\$ _____	\$ _____
6. Other Deductions			
a) Savings	\$ _____	\$ _____	\$ _____
b) Loan Repayment	\$ _____	\$ _____	\$ _____
c) Mandatory Retirement	\$ _____	\$ _____	\$ _____
d) Non-Mandatory Retirement	\$ _____	\$ _____	\$ _____
e) Medical Insurance	\$ _____	\$ _____	\$ _____
f) Union Dues	\$ _____	\$ _____	\$ _____
g) Other (specify)	\$ _____	\$ _____	\$ _____
7. Net Monthly Income (line "5" minus lines "6a through 6g")	\$ _____	\$ _____	\$ _____
8. Gross Income Prior Year	\$ _____	\$ _____	\$ _____

Attach three most recent pay stubs from each current employer for all parties shown.

B. Monthly Expenses:**Petitioner****Obligor's Dependents**

1) Rent/Mortgage	\$ _____	\$ _____
2) Homeowners/Renters Insurance	\$ _____	\$ _____
3) Home Maintenance & Repair	\$ _____	\$ _____
4) Heat	\$ _____	\$ _____
5) Electricity/Gas	\$ _____	\$ _____
6) Telephone	\$ _____	\$ _____
7) Water/Sewer	\$ _____	\$ _____
8) Food	\$ _____	\$ _____
9) Laundry/Cleaning	\$ _____	\$ _____
10) Clothing	\$ _____	\$ _____
11) Life Insurance	\$ _____	\$ _____
12) Medical Insurance	\$ _____	\$ _____
13) Uninsured Extraordinary Medical (attach documentation)	\$ _____	\$ _____
14) Other Uninsured Health-Related Expenses	\$ _____	\$ _____
15) Auto Payment	\$ _____	\$ _____
16) Auto Insurance	\$ _____	\$ _____
17) Auto Expenses	\$ _____	\$ _____
18) Other Transportation	\$ _____	\$ _____
19) Child Care	\$ _____	\$ _____

Provider: _____

Frequency _____ Per _____

20) Support Payments, actual amount paid	\$ _____	\$ _____
21) Internet service	\$ _____	\$ _____
22) Other; Explain	\$ _____	\$ _____

Total Monthly Expenses (lines 1 through 22)	\$ _____	\$ _____
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1) Real Estate

\$ _____ minus \$ _____ = \$ _____
Assessed Value Mortgage(s)

Institution or Plan Name and Account Number

_____ \$ _____

Institution or Plan Name and Account Number

3) Tax Deferred Annuity Plan(s) \$ _____

4) Life Insurance: Present Cash Value \$

5) Savings & Checking Accounts, Money Market Accounts, & CDs

Institution Name and Account Number

_____ \$ _____

Institution Name and Account Number

6) Automobiles/Vehicles

_____ \$ _____ minus \$ _____ = \$ _____
 Make Model Year Estimated Value Loan Balance

$$\frac{\text{Make}}{\text{Model}} \quad \text{Year} \quad \$ \frac{\text{Estimated Value}}{\text{Loan Balance}} \text{ minus } \$ \frac{\text{Loan Balance}}{\text{Loan Balance}} = \$ \frac{\text{Loan Balance}}{\text{Loan Balance}}$$
$$\frac{\text{Make}}{\text{Model}} \quad \frac{\text{Year}}{\text{Estimated Value}} \quad \$ \text{ } \text{ minus } \$ \text{ } \text{ Loan Balance} = \$ \text{ }$$

7) Other (e.g. Personal Property, Securities, etc.) Describe: _____ \$ _____

Total Assets (lines 1 through 7) \$ _____

X. Other Pertinent Information

(Attach additional sheets if necessary).

XI. Verification

☐ Attached are the required number of copies of all support orders for the case.

Also attached and incorporated by reference are:

- ☐ Copy of the certified child support payment records.
- ☐ Copies of three most recent pay stubs from current employer.
- ☐ Copies of bills for prenatal, postnatal and general health care of mother and child.
- ☐ Assignment or subrogation of support rights.
- ☐ "Affidavit in Support of Establishing Paternity" for each child whose paternity is at issue.
- ☐ Copy of child(ren)'s birth certificate(s).
- ☐ Acknowledgment of parentage.
- ☐ Documentation of legal custody/guardianship of child(ren).
- ☐ Documentation that children are in foster care.
- ☐ Other: _____

All of the information and facts contained in this General Testimony are true and correct to my/our best knowledge and belief.

_____ Date	_____ Petitioner (Name/Title)	_____ Signature
_____ Date	_____ Name/Title, Agency or Tribunal Representative	_____ Signature
Sworn to and Signed before me this Date, County, State	_____ Notary Public Official and Title	_____ Commission Expires